| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) NAME OF PROVIDER OR SUPPLIER: PERIPHERAL VASCULAR INSTITUTE PHILADELPHIA | | TE OF 4220 MARKE | | (X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING: CITY, STATE, ZIP CODE: T STREET SECOND FLOOR HIA, PA 19104 | | (X3) DATE SURVEY COMPLETED: 04/17/2023 | |
|----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|----------------------------------------|--|
| STATE LICENSE NUMBER: 24321501 | | | | | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT MUST BE PRECEEDI IDENTI | | ID PREFIX TAG | CORRECTIVE ACTION SH | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE COMPLETE DATE | | |
| S 0000 | This report is the result of a Special Monitoring survey for the closure of Peripheral Vascular Institute of Philadelphia, conducted on April 13, 2023, and completed April 17, 2023. The facility voluntarily surrendered the ambulatory surgery center license to the "Department". Based on the survey, it was determined the facility was in compliance with the requirements of the Pennsylvania Department of Health's Rules and Regulations for Ambulatory Care Facilities, Annex A, Title 28, Part IV, Subparts A and F, Chapters 551-573, November 1999. | | | S 0000 | | | |
| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE: (X6) DATE: | | | | | | | |
| | | | | | | | |

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Certified End Page

PERIPHERAL VASCULAR INSTITUTE OF PHILADELPHIA

STATE LICENSE NUMBER: 24321501 SURVEY EXIT DATE: 04/17/2023

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey

Jeane Parisi

Deputy Secretary for Quality Assurance

fearre Janie

Debra L. Bogu MD

Debra L. Bogen, MD, FAAP Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY